

FIELD OBSERVATION PRECEPTOR EVALUATION

(To be completed by MICN or EMT - I)

Preceptor's Name: _____ **Department/Unit** _____

MICN/EMT - I's Name: _____ **Certification #** _____

Date of Experience: _____

Each of the statements below describes a characteristic of the paramedic who was instrumental in providing the field observation experience. Indicate your rating of the above named preceptor by *circling* the appropriate number to the right of each item. Use the number code below:

4 = Extremely well, a good example, always, etc.
3 = Well done, frequently, usually, etc.
2 = Acceptable, sometimes, inconsistent, etc.
1 = Not done, poorly done, never, etc.
NA = Not applicable

- | | | | | | |
|---|---|---|---|---|----|
| 1. Relates concepts to issues meaningful to my scope of practice | 4 | 3 | 2 | 1 | NA |
| 2. Demonstrates genuine interest in providing information regarding the department's EMS system | 4 | 3 | 2 | 1 | NA |
| 3. Approaches teaching and patient care with enthusiasm | 4 | 3 | 2 | 1 | NA |
| 4. Displays confidence in role as an EMS professional | 4 | 3 | 2 | 1 | NA |
| 5. Relates practice to field goals and objectives | 4 | 3 | 2 | 1 | NA |
| 6. Seeks learning opportunities for MICN or EMT-I | 4 | 3 | 2 | 1 | NA |
| 7. Answers questions clearly without confusion | 4 | 3 | 2 | 1 | NA |
| 8. Explains reasons for decisions and actions | 4 | 3 | 2 | 1 | NA |

COMMENTS: _____
